

BSE Surveillance Program Update Satellite Seminar

June 24, 2004

Evaluation

Please rate the overall following statements by marking a check inside the box which best corresponds to your opinion of the Symposium.

	Very Low	Low	Moderate	High	Very High
Seminar Materials					
Degree to which your objectives were met					
The value of material presented: Opening Remarks					
The value of material presented: USDA Policy Updates					
The value of material presented: Procedures for Completing BSE Sampling Form					
Overall Symposium					
Overall value of this symposium for you					
The value of the Website as a source of information					
Anticipated usefulness of the symposium materials to you on-the-job					
The quality of the transmission to your broadcast site					
Effectiveness of the symposium for your learning purpose					

1. What were the strengths of this symposium?

2. What might we do MORE OF, BETTER, OR DIFFERENTLY to improve this Symposium? (Please use the reverse side if you need more space.)

How did you view the seminar: Satellite broadcast _____ Videotape of broadcast _____

Satellite Location Downlink (City & State): _____ Downlink Coordinator: _____

Your Name: (Optional): _____

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Check applicable boxes and complete other information as appropriate:

Veterinarian

Employment:

- ☐ APHIS: *Unit Name:* _____
- ☐ Other USDA Agency: _____
- ☐ Other Fed GOV Agency: _____
- ☐ Military: *Branch of Service:* _____
- ☐ State GOV: *State:* _____
- ☐ State Diagnostic Lab: *State:* _____
- ☐ Private Diagnostic Lab: _____
- ☐ University: Faculty _____ Lab _____
- ☐ Student: *Area of Study* _____
- ☐ Industry: _____
- ☐ Other: _____

Job Title: _____

Related Education/Training:

☐ FAD Diagnostician

☐ Epidemiology
Degree: _____

Board Certification in: _____

☐ Pathology
Degree: _____

Board Certification in: _____

☐ Other: _____
Degree: _____

Board Certification in: _____

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Check applicable boxes and complete other information as appropriate:

Non-Veterinarian

Employment:

- ☐ APHIS: *Unit Name:* _____
- ☐ Other USDA Agency: _____
- ☐ Other Fed GOV Agency: _____
- ☐ Military: *Branch of Service:* _____
- ☐ State GOV: *State:* _____
- ☐ State Diagnostic Lab: *State:* _____
- ☐ Private Diagnostic Lab: _____
- ☐ University: Faculty _____ Lab _____
- ☐ Student: *Area of Study* _____
- ☐ Industry: _____
- ☐ Other: _____

Job Title: _____

Related Education/Training:

Area of Study: _____

Degree: _____